

8.2 POLICY AND PROCEDURE FOR THE MANAGEMENT OF ANAPHYLAXIS

Author: *Karla Coombes, Kindergarten Services Coordinator*

File No: *CH/08/010*

Attachment: *Mitchell Kindergarten Service Policy and Procedure for the Management of Anaphylaxis*

Reference: *Nil*

Summary

This report recommends that Council adopt the Mitchell Kindergarten Service Policy and Procedure for the Management of Anaphylaxis.

Background

Anaphylaxis is a severe, life threatening allergic reaction, with up to two per cent of the general population at risk. An increasing number of children with anaphylaxis are enrolling in Mitchell Kindergarten Services.

The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee and other insect stings, and some drugs. Peanut allergy affects about one in 100 children and the rate has more than doubled in the past 30 years. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen).

The policy aims to:

- Minimise the risk of anaphylactic reaction occurring while the child is in the care of the children's service; and
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.

Policy Implications

At present there are no adopted policies and procedures to deal with anaphylaxis. It is anticipated that a new policy and procedure will minimise the risk of anaphylactic reaction occurring while the child is in the care of the children's service.

Issues

The major changes to our kindergarten services as a result of this policy and procedure are:

POLICY AND PROCEDURE FOR THE MANAGEMENT OF ANAPHYLAXIS (CONT'D)

- All Mitchell Shire Kindergarten staff will be required to comply with future State Government legislation. Approved training will soon be mandated to all kindergartens, child care services and schools. Training is currently being provided by the Asthma Foundation to all staff who have a child at risk of anaphylaxis attending their service.

This is being funded by the Department of Human Services, with training to continue over the next 4 years;

- No child at risk of anaphylaxis may attend the service without a prescribed EpiPen;
- No child at risk of anaphylaxis may attend the service should emergency relief staff not be trained in anaphylaxis management;
- Special event days and celebrations such as Easter and Christmas will require careful planning with the parents of the child at risk. Both staff and parents need to ensure that safe party food and snack alternatives are available;
- All parents will be notified that a child at the service has an allergy and advised as to what the allergen is. All parents will be educated on the risk of anaphylaxis and requested to ensure products containing the allergen are not brought to the service;
- With parental permission, a photo of the child with the risk, the type of allergy they have and the emergency management plan will be on display at the centre.

Financial and Resource Implications

There will be no financial implications if Council adopt the policy, however accurate practise of the procedures will minimise the risk of staff mismanagement in the event a reaction occurs, therefore reducing any legal implications.

Consultation Procedure

The policy has been modelled on information provided by the Department of Human Services, the Royal Children's Hospital Department of Allergy, Kindergarten Parents Victoria Inc. and Anaphylaxis Australia Inc.

RECOMMENDATION

THAT: Council resolve to adopt the Mitchell Kindergarten Service Policy and Procedure for the Management of Anaphylaxis.

The resolution for Item 8.2 – Community & Recreation – Policy and Procedure for the Management of Anaphylaxis, is found at the end of this section.

COMMUNITY & RECREATION REPORTS – ITEMS NOT OTHERWISE DEALT WITH:

MOVED: CR. R. GORDON

SECONDED: CR. R. HUMM

THAT: the recommendations contained within Item 8.1, 8.2, 8.4, 8.6 and 8.8 of the Community and Recreation Reports, be adopted.

CARRIED

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Mitchell Kindergarten Service Policy & Procedure for the Management of Anaphylaxis

Scope:

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to all children enrolled at the service, their parents/guardians, staff, committee, volunteers and licensee.

Values:

The Mitchell Kindergarten Service is committed to:

- Providing, as far as practicable, a safe and healthy environment for all children enrolled at the service, in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences;
- Ensuring each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures;
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.

Purpose:

This policy aims to:

- Minimize the risk of anaphylactic reaction occurring while the child is in the care of the children's service;
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen;
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

Background and Legislation:

Anaphylaxis is a severe, life threatening allergic reaction with up to two per cent of the general population at risk.

The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings and some drugs. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen®).

Signs and symptoms of anaphylaxis:

All reactions need to be taken seriously, but not all reactions will require adrenaline. The following are common signs and symptoms of an allergic reaction. A reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously:

- Hives or welts
- A tingling feeling in or around the mouth
- Abdominal pain, vomiting and/or diarrhoea
- Facial swelling
- Cough or wheeze
- Difficulty swallowing or breathing
- Loss of consciousness or collapse
- Breathing stops.

It is also important to remember that young children may not be able to express what the problem is, or may describe it in other words.

Legislation:

Children's Services Act 1996

Children's Services Regulations 1998

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

Procedures:

The licensee and staff will:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/ren;
- Promote exclusion of food items which contain the allergen;
- Notify parents that a child at the service has an allergy and advise what the allergen is. All parents will be educated on the risk of anaphylaxis and requested to ensure products containing the allergen are not brought to the service;
- Ensure staff responsible for the child/ren at risk of anaphylaxis attends anaphylaxis management training that is reinforced at yearly intervals;
- Ensure that unless recommended by a registered medical practitioner the child with a food allergy shall not be physically isolated from other children;
- Ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen[®] kit. If the relieving staff member is not trained in anaphylaxis management, the licensee shall ensure at least one staff member trained in anaphylaxis management is present at the service and that staff member is aware that they are responsible for the administration of an EpiPen[®] in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the centre;

- Ensure that no child who has been prescribed an EpiPen[®] is permitted to attend the service or its programs without that EpiPen[®];
- Make parents/guardians aware of this policy, and provide access to it on request;
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Ensure that bottles, other drinks and lunch boxes provided by the parents for their children should be clearly labeled with the name of the child for whom they are intended;
- Ensure there should be no trading and sharing of food, food utensils and food containers;
- Ensure that children with severe food allergies should only eat lunches and snacks that have been prepared at home;
- Ensure the use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of a particular child.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis action plan is visible to all staff;
- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted;
- Practise EpiPen[®] administration procedures using an EpiPen[®] trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly;
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor;
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete EpiPen[®] kit while the child is present at the service;
- Ensure that the EpiPen[®] kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children and away from direct sources of heat;
- Ensure that the EpiPen[®] kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends;
- Regularly check the EpiPen[®] expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen[®] to the end of the nominated expiry month);
- Provide information to the service community about resources and support for managing allergies and anaphylaxis;

- Increase supervision of this child on special occasions, such as excursions, incursions or family days;
- Ensure hand washing for all children before and after eating;
- Ensure tables and bench tops are washed down after eating;
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff, either on enrolment or on diagnosis, of their child's allergies;
- Provide staff with an anaphylaxis action plan and written consent to use the EpiPen® in line with this action plan;
- Provide staff with a complete EpiPen® kit;
- Regularly check the EpiPen® expiry date;
- Assist staff by offering information and answering any questions regarding their child's allergies;
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child;
- Comply with the service's policy that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen®;
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk management plan.

Evaluation:

In order to assess whether the values and purposes outlined in this policy have been achieved, Council will:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training;
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete. This will be conducted by the Administration Officer or Kindergarten Services Coordinator;
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child;
- Respond to complaints;
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- Conduct 'anaphylaxis scenarios' and supervise practice sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen® kit;

(An EpiPen® trainer can be purchased for these practice sessions but it should be labelled as a 'trainer' and be stored separately from all other EpiPens®, for example in a file with anaphylaxis resources, so that the EpiPen® trainer is not confused with an actual EpiPen®.)

- Routinely (e.g. monthly) review the EpiPen® kit to ensure that it is complete and the EpiPen® is not expired;
- Liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- Read and be familiar with the policy;
- Identify and liaise with the nominated staff member;
- Bring relevant issues to the attention of both staff and licensee.